

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-001503

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 1002 Registrar's No. 149

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

MARK DOUGLAS

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in 1b <u>21 years</u>	c. CITY OR TOWN <u>Kansas City</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>4436 Pennsylvania</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4436 Pennsylvania</u>
3. NAME OF DECEASED (Type or print) First <u>EDITH</u> Middle <u>COCHRAN</u> Last <u>COCHRAN</u>		4. DATE OF DEATH Month <u>January</u> Day <u>8</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr. 20, 1881</u>
9. AGE (last birthday) <u>81</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	
11. BIRTHPLACE (City and state or country) <u>Elizabeth Co. Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Kenneth</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Carlton</u>	
14. NAME OF HUSBAND OR WIFE <u>Eugene R. Cochran</u>		Address <u>K.C. Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Miss Cook, Armour Home, K.C. Mo.</u>		Address <u>K.C. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30'</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11:20 A.</u> Month, Day, Year <u>1-8-63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>KC. Mo</u>	
20g. COUNTY <u>KC. Mo</u>		20h. STATE <u>Mo</u>	
21. I attended the deceased from <u>1952</u> to <u>1-8-63</u> and last saw her alive on <u>1-7-63</u> Death occurred at <u>11:20 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Mark Douglas MD</u> (Degree or title)	
22b. ADDRESS <u>KC. Mo</u>		22c. DATE SIGNED <u>1-9-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		23b. DATE <u>Jan. 10, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>S. H. Newcomer's Sons</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>	
24. FUNERAL DIRECTOR <u>S. H. Newcomer's Sons, K.C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-10-63</u>	
26. REGISTRAR'S SIGNATURE <u>Edith Long</u>			

(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chester K. Brewer

Licensed Embalmer No. 4931

P. O. Address K & M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Dr. Mark Stodge
4320 Howell Blvd.
Wet. 1:30 PM
Death # 208